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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/560,841	12/15/2005	Mikio Muro	126328	8577
25944 OLIFF & BERI	7590 07/31/200 RIDGE, PLC	EXAMINER		
P.O. BOX 320850			THOMPSON, TIMOTHY J	
ALEAANDRIA	ALEXANDRIA, VA 22320-4850		ART UNIT	PAPER NUMBER
			2873	
			MAIL DATE	DELIVERY MODE
			07/31/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Intonsions Cummons	10/560,841	MURO ET AL.	
Interview Summary	Examiner	Art Unit	
	TIMOTHY J. THOMPSON	2873	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>TIMOTHY J. THOMPSON</u> .	(3)		
(2) <u>Joel Armstrong</u> .	(4)		
Date of Interview: 29 July 2008.			
Type: a)☐ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) No.		
Claim(s) discussed: <u>1-8</u> .			
Identification of prior art discussed:			
Agreement with respect to the claims f) was reached. g)□ was not reached. h)□ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>The attorney for the applipments to the office action</u> .			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERPRIEMENTS on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS 'HIS LATER, TO
Evaminar Nota: Vou must sign this form unless it is an	Examiner's signature, if requi	rod	
Examiner Note: You must sign this form unless it is an	Liaminer 5 Signature, ii requi	IEU	

Application No.

Applicant(s)